

Title 19—DEPARTMENT OF HEALTH AND SNEIOR SERVICES
Division 30- Division of Regulation and Licensure
Chapter 40-Comprehensive Emergency Medical Services Systems Regulations
PROPOSED REGULATIONS (May 14, 2010)

19 CSR 30-40.XXX Transport Protocol for Stroke and STEMI Patients

PURPOSE: This rule establishes protocols for transporting suspected STEMI patients by severity and time of onset to the STEMI center where resources exist to provide appropriate care, and suspected stroke patients by severity and time of onset to the stroke center where resources exist to provide appropriate care.

- (1) All licensed ambulances services, air ambulance services and emergency medical response agencies' shall use the state directed triage and transport protocol for suspected stroke patients unless using an alternative community-based or regional plan that has been approved by the department.
- (2) All licensed ambulances services, air ambulance services and emergency medical response agencies' shall use the state directed triage and transport protocol for suspected STEMI patients unless using an alternative community-based or regional plan that has been approved by the department.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STROKE FIELD TRIAGE AND TRANSPORT PROTOCOL

Step 1

Assess life threatening conditions→ serious airway or respiratory compromise or immediate life threatening conditions that cannot be managed in the field



Yes



Transport to closest appropriate facility capable of managing life threatening condition.



No



Step 2

Assess duration of onset of symptoms (**Time last known well**):

Group 1

Within lytic/therapeutic window

Group 2

Within potential therapeutic window

Group 3

Out-of-therapeutic window



Yes



Transport to the Level I, II, or III stroke center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.



Yes



1) Transport to Level I stroke center **OR** 2) Transport to level I, II, or III stroke center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment windows, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.



Yes



Transport to stroke center (Level I- IV) according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STEMI FIELD TRIAGE AND TRANSPORT PROTOCOL

Step 1

Assess life threatening conditions—serious airway or respiratory compromise or immediate life threatening condition that cannot be managed in the field

Yes

Transport to closest appropriate facility capable of managing life threatening condition

No

Step 2

Assess Vital Signs and ECG

- ECG (Equipment & ECG recommended) identifies ST elevation in two contiguous leads or new or presumed new left bundle branch block **AND**
- Patient has **two of the following three** signs of **cardiogenic shock**
 - Hypotension, systolic blood pressure <90
 - Respiratory distress <10 or >29
 - Tachycardia, heart rate > 100

Yes

Transport to Level I STEMI center according to local and regional process, which shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient as expeditiously as possible; if greater than 30 minute transport, consider transport to level II if significantly closer; process for bi-state regions addresses out-of-state transport where appropriate. Consider air/ground transport. Communicate ST-elevation ECG information to hospital.

No

Step 3

Calculate estimated time from STEMI identification to PCI. ECG identifies ST elevation in two contiguous leads or new or presumed new left bundle branch block. (If no ST-elevation or new or presumed new left bundle branch block, consider 15-lead ECG, if available, and communicate as appropriate)

Group 1

Within PCI Window OR
Chest Pain > 12 hours OR
Thrombolytic ineligible

Group 2

Outside PCI Window
Lytic Window
No other known complications

Yes

Transport to the Level I or II STEMI center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.

Yes

Transport to the STEMI center (Level I-IV) according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate. Consider lytic window and potential for lytic administration in transport decision.